2004 12/15 17:38 FAX 858 720 5125

DEC 1 5 2004

## MORRISON & FOERSTER LLP

Attorneys at Law 3811 Valley Centre Drive Suite 500 San Diego, California 92130-2332

Telephone: (858) 720-5100 Facsimile: (858) 720-5125

U.S. Patent and Trademark Office To:

Facsimile: (703) 872-9306

(MS RCE)

From: Karen R. Zachow, Ph.D. – Reg, No. 46,332

Date: December 15, 2004

We are transmitting a total of 5 pages (including this page). Original or hard copy to follow if this box is checked  $\square$ .

If you do not receive all pages, please call (858) 720-7972 as soon as possible.

Preparer of this slip has confirmed that facsimile number given is correct: 10598/gly1

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (858) 720-7972 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

## Comments:

ATTORNEY DOCKET: 322732000401

GROUP ART UNIT:

1648

**EXAMINER:** 

B. Li

**SERIAL NO.:** 

10/028,172

FILING DATE:

December 21, 2001

INVENTOR(S):

Yoichi TAKAHAMA et al.

TITLE:

DIAGNOSTIC REAGENT FOR HEPATITIS C VIRUS INFECTION

## Papers Attached:

- 1. RCE Transmittal (1 page)
- 2. Fee Transmittal (1 page + duplicate for fee processing)
- 3. Petition for Extension of Time (1 page)

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL GRACE YU AT (858) 720-7972 AS SOON AS POSSIBLE.

PTO/SB/17 (12-04)
Approved for use through 07/31/2009. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

6	Effective on 12/0	/U.D. 40481	Complete If Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL			Application Numb	er 1	0/028,172						
	IKAN		AL	Filing Date		ecember 21	2001				
for FY 2005			First Named Inver	ntor Y	Yoichi Takahama						
	OFFI	2003		Examiner Name		3. Li					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1648							
							11				
METHOD OF PAYMENT (check all that apply)											
	Check C Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
	arge fee(s) Indica	•					except for the filing fee				
	inge any addition		rpayments o	of fee(s) 🔀 Cred	lit any overpa	yments					
und	ler 37 CFR 1.16	and 1.17									
WARNING: Informati Information and auti	ion on this form n horization on PTO	nay become publi -2038.	c. Credit card	i Information should (	not be included	d on this form.	Provide credit card				
FEE CALCULAT	non										
1. BASIC FILIN	G, SEARCH, A	ND EXAMINA	TION FEE	S							
	FILING FEE	S	SEARCH	FEES	EXAMINA	ATION FEES					
Application Type	FEE (\$)	Small Entity Fee (\$)	Fee(\$)	Small Entity Fee (\$)	<u>Fee (\$)</u>	Small Entity Fee (\$)	Y Fees Paid (\$)				
Utility	300	150	500	250	200	100	0.00				
Design Plant	200 200	100 100 ···	100 300	50 150	130 160	65 80	0.00				
Reissue	300	150	500	250	600	300	0.00				
Provisional	200	100	0	0	0	0	0.00				
2. EXCESS CL4	UM FEES										
Fee Description				*			Small Entity Fee(\$) Fee (\$)				
Each claim over 20				re than in the origina			50 25				
· ·		or Reissues, eac	ch independe	ent claim more than	in the original	patent	200 100				
Multiple dependent			_ 44				360 180				
<u>Total Claims</u>		ra Claims	<u>Fee (\$)</u>	<u>Fee Paid (\$</u> = 0.00		<u>Multiple Depe</u> <del>Tee</del> (\$)	endent Claims Fee Paid (\$)				
	-20 or HP	^.			-	<del>CO (9)</del>	0.00				
HP + highest numi	ber of total claims	s pald for, if grea	ter than 20								
Indep. Claims	Ext	ra Claims	Fee (\$)	Fee Paid (\$	1						
	-20 or HP	× _		= 0.00							
HP + highest numb	er of independen	t claims paid for	. if greater th	ngn 3							
3. APPLICATION	•	- country parter for	, ii giorioi iii								
		exceed 100 sl	heets of pa	per, the application	n size fee d	ue is \$250 (\$	125 for small entity)				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets	Extra S		Number of	each additional 50 or		of <u>Fee (\$)</u>	Fee Paid (\$)				
	100 =	/ 50 =		(round up to a whole	e number) x						
4. OTHER FEE(S	5)						Fee Paid (\$)				
	Specification,	\$130 fee (no s	small entity	discount)							
Other: 3-Months extension of time (1 month already paid for; \$1020.00 - \$120.00 = \$900.00)\$900.00											
Request for Continued Examination \$790.00											
SUBMITTED BY											
			· · · · · ·	Registration No.	40.000	1	(0.00) 500 5101				
Signature	Karenos	Zucton		(Attorney/Agent)	46,332	Telephone	(858) 720-5191				
Name (Print/Type)	Karen R. Zac	how, Ph.D.				Date	December 15, 2004				

PTO/SB/17 (12-04)
Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the	S /H Q 48181	Complete if Known									
				Application Num	ber	10/028.172					
FEE	TRAN	21AII I I	AL	Filing Date		December 2	1_2001				
1	for FY	2005		First Named Inve	ntor	Yoichi Takah	nama				
<u> </u>			<u>_</u>	Examiner Name		B. Li					
Applicant of	claims small entil	7 CFR 1.27	Art Unit		1648						
TOTAL AMOUN	OF PAYMENT	(\$) 1,6	590.00	Attorney Docket N	lo.	3227320004	01				
METHOD OF PAYMENT (check all that apply)											
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):											
Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
l 653	arge fee(s) indica	•	ount, me D				except for the filing fee				
	•				•		<b>-</b>				
un	arge any additior der 37 CFR 1.16	and 1.17			fit any overpa						
WARNING: Informa	tion on this form of	nay become publi 3-2038.	ic. Credit can	d information should	not be include	ed on this form.	Provide credit card				
FEE CALCULA	TION	•									
1. BASIC FILIN	G, SEARCH, A	ND EXAMINA	TION FEE	S							
	FILING FEE	S	SEARCH			ATION FEES					
Application Type	<u>FEE (\$)</u>	Small Entity Fee (\$)	<u>Fee(\$)</u>	Small Entity Fee (\$)	Fee (\$)	Small Entil Fee (\$)					
Utility	300	150	500 100	250 50	200 130	100 65	0.00				
Design Plant	200 200	100 100	300	150	160	80	0.00				
Reissue	300	150	500	250	600	300	0.00				
Provisional	200	100	0	0	0	0	0.00				
Fee Description Each claim over 20 Each independent Multiple dependent	or, for Reissues claim over 3 or, f	, each claim ove or Reissues, eac	or 20 and mo	re than in the origina ent claim more than	el patent in the origina	il patent	Fee(\$) Small Entity Fee (\$) Fee (\$) 50 25 200 100 360 180				
Total Claims		ra Claims	Fee (\$)	Fee Paid (\$	1	Multiple Dep	endent Claims				
	-20 or HP	×_	,	= 0.00		Fee (\$)	Fee Paid (\$) 0.00				
HP + highest num Indep. Claims		s paid for, if grea ra Claims	ter than 20 <u>Fee (\$)</u>	Fee Paid (\$	<u> </u>						
for each add <u>Total Sheets</u>	N SIZE FEE n and drawings	exceed 100 sl	heets of pa		1)(G) and 3 traction there	37 CFR 1.16(	\$125 for small entity) (s). Fee Paid (\$)				
4. OTHER FEE(S Non-English	S) Specification,	\$130 fee (no s	mall entity	discount)			Fee Pald (\$)				
	nths extension lest for Continu			paid for; \$1020.00	- \$120.00	= \$900.00)	<u>\$900.00</u> <u>\$790.00</u>				
SUBMITTED BY											
Signature	Kan	Zula		Registration No. (Attorney/Agent)	46,332	Telephone	(858) 720-5191				
Name (Print/Type)	Karen R. Zac	how, Ph.D.				Date	December 15, 2004				